0

1 PLACE OF DEATH

County Federica	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Burketlouille (No.	St.; Ward) [if death occurred to a hospitel or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jew Color or race 5 SINGLE, MARRIED, Muried OR DIVORCED (Write the word)	16 DATE OF DEATH 100 29 (Month) (Day) , 19Re (Year)
Month) (Month) (Day) (Year) (AGE (Month) (Day) (Year) (A) (A) (A) (A) (B) (A) (B) (B	that I last saw healive on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and that death occurred on the date stated above, at of many and the date stated above, at of many
(Informant) Carelle Celealh (Address) Revertaille mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sellierer Courelet Develope 2
Filed Nov 29, 1912 M Market	20 UNDERTAKER Gladlill Muddelgjon
If more blanks are needed, address State Registrar, 16	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the nisease causing death, wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Hranchopneumonia ("Pneumonia," laber culoris of lungs, meningialified. is indefinite); Tuberculoris of lungs, meningialised.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of heod—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," cte. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," Collapse," "Coma," "Convulsions," "Debility" ("Conchopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic volvulor heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "PUERPERAL The contributory (secondary or intereurcarbolic acid-probably State cause for which Never report mere "Exhaustion," septichoemia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK---THIS IS A PERMANEN WRITE

BINDING

GIN RESERVED FOR

S. No. 1.

PLACE OF DEATH County Firsteries (STATE OF MARYLAND GRAPH GRAPH Registration Dist. No. 146
Village or City SEVNY Mu (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARKITED, WIDOWED OWN DE DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
6 DATE OF BIRTH	11 = 20 1922 to (1 - 26 - 1922
(Month) (Day), 1840 (Year)	that I last saw h evalive on 16 - 26 , 192 2, and that death occurred on the date stated above, at 4
82 G Mos. ds. or min. ?	The CAUSE OF DEATH is was as follows:
(a) Trade, profession or particular kind of work. Louszwifz (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Fred Co. Maryland	Contributory Secondary (Duration)yrsmosda.
11 BIRTHPLACE OF FATHER (State or country) Fird 60. Und 12 MAIDEN NAME	(Signed) M.D. (Signed) M.D. (Address) Llucon EM (University) "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Ester Came C 13 BIRTHPLACE OF MOTHER (State or country) Fred 60 Mul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informant) True to the best of My Knowledge	if not at place of death?
Filed Policia S. 1922 Clast Syoung Registrar If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL Theredonifo Court 20 UNDERTAKER ADDRESS Thereof Burial ADDRESS Thereof Burial ADDRESS Thereof Burial

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-But in many

Lobar pneumonia, Bronchopneumonia ("Pneumouia," Typhoid fever (never report "Typhoid pneumenia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS

> conditions, such as "Asthenia." ment of cause of death approved by Committee on head of "contributory." quences Examples: as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; State cause "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignaut neoplasms): Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" Is less definite; avoid (secondary or intercurrent) affection used FOR VIOLENT DEATHS State MEANS OF INJURY (e.g., scpsis, tctanus) may be stated under the "Debility" ("Congenital," "Semile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-(Recommendations on state-Example: Meastes "Anaemia" (second-(disease (merely not be

tions answered in detail of will prevent further correspond-once. All the data is essential and must be obtained before the confidence is permanently field. If this certificate is to ked over thoroughly and all ques-



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institutlon, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARKIED, WIDOWED back OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw hele alive on ... Low 1922, instruction PO (Day) and that death occurred on the data stated above, at ... P.A.P. I.m. 7 AGE If LESS than day hrs. ter 500 8 OCCUPATION (a) Trade, profession or plain particular kind of work important. (b) General nature of industry business, or establishment in which employed or (employer).... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (1) ... 192 2 (Address) ENTS 11 BIRTHPLACE ould state OAUSE of OCCUPATION *State the Disease Causing Death, or, in daths from OF FATHER Violent Causes, state (1) Menns of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) 2 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER State, yrs. mos. da. .. yrs. . mos.....da. (State or country) should Where was disease contracted. if not at place of death?..... **Statement** Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the dutles of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (rcor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed and ehildren, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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Statement of Cause of Dcath—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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acting Warden at Montever STATE OF MARYLAND PLACE OF DEATH PHYSICIANS t statement of OF DEATH Registration Dist. No a hospital or incitiufien. EXACTLY. P give its NAME instead of street and number.] RECORD AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE 3 SEX MARRIED, WIDOWED () OR DIVORCED HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day (Month) If LESS than 7 AGE 10 AGE 1 day, hrs min. ? 50 supplied (a) Trade, profession, or 30 (b) General nature of Industry UNFADING Contributor 9 BIRTHPLACE (State or country) 2 pino important 11 BIRTHPLACE *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL. SHEA (State or country) 0 12 MAIDEN NAME CC e [OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS informati 0 ы 13 BIRTHPLACE S OF MOTHER Stats. 0 (State or country) Every item of inf should state CAU OCCUPATION DATE OF BURIAL 20 UNDER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1

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6 yrs.). engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Groccry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. z., Farmer or Planter, Physiapplies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the is very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil (b) Auto-

Statement of Cause of Death—Name, first, the DISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrosphal fever (the only definite synonym is "Epidemic cercbrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumoxia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menun-

genital," mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations lapse, chopneumonia (secondary), 10 ds. Never report mere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, tetanus) may be stated suicide. head-homicide; Poisoned by corbolic to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPEHAL perilonilis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrlage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meusles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Coma," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "Debility" "PUERPERAL septichaemia, "Dropsy," "Atrophy," "Colocid-probably "Exhaustion," important. ("Con-

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yes.). For persons who have no cecupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pucumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (uever report "Typhoid pneumenia"): fever (the only definite synonym is "Epidemie ecrebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (c. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Come" "Convulsions," "Debility" ("Congenital," "Senile," etc.), conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Moustes; inges, perilonurum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; State cause for which surgical operation was under-Whooping cough; Chronic valentar heart disease; (name origin; "Caneer" is less definite avoid (secondary or intercurrent) affection need not be Example: Measles "Anaemia" Struck by railway The naterminal (second-(disease (merely

ence. All the data is essential and must be obtained before tions answered in de'ail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



BINDING

FOR

ARGIN RESERVED

S. No. 1.

PLACE OF DEATH WITHIN COMPORAT	STATE OF MARYLAND
Trederick (CERTIFICATE OF DEATH
County	Registration Dist. No/3/
7	E P & Registration Dist. No.
Village or City Trederick (No. 70/	St; Ward) (If death occurred in a hospital or institu-
m' 20:	tion, give its NAME in-
2 FILL NAME // Elliam al	exaudu Guige stead of street and number.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Male Mill WIDOWED OR DIVORCED	(Mouth) (Div) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	26-Stor 192 to 26- Stor 1922.
Dec 17 856	that I last saw here alive on 26-Stor 1927
(Month) (Day) (Year)	that I have say have on the say have sa
7 AGE	and that death occurred on the date stated above, at J
6.5 11 9 I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsmosds.lormin.?	
8 OCCUPATION (a) Trade, profession or	Olivanic Stylinella
particular kind of work	
(b) General nature of industry	2
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIETHPLACE	Secondary .
(State or country) frederict Md.	Ourstion) vis mos de
10 NAME OF DAM A	15 Hoke Curch
FATHER Thems Dugy	(Sign of) M. D.
U BIRTHPLACE OF FATHER	(Address) (Address)
OF FATHER (State or country) Jermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country) Jeruany Maiden Name OF MOTHER	Accidental, Suicidal or Homicidal.
a Muna Margarella Duly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Lerway	of death yrs mos da, State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) His Kesenang Dunger	Former or usual residence
LIND C Phalle	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
(Address) 70 2 101	mt. obvettenten nov 29 1922
15 97 1 - 1 Ar low 6	20 UNDERTAKER ADDRESS
Filed 7- Nov 1922 To for Centre	16/8iii 7-1. in
	10.0. guin matter ma
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, whatever, write None. tired 6 yrs.). For persous who have no occupation business, that fact may be indicated thus Farmer (reor given up on account of the disease causing death. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseeu at home, who are engaged in the duties of the work, or At Home, and children not gainfully emhonsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of oc For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid dise of "Croup"); Typhoid fever (never report "Typhoid meningitis"): Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrow as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or nomicidal, or "Puerperal scpticacmia." "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was underrhage," "Inauition." "Marasuus," "Old Age." "Shock," taken. For violent deaths state means of injury "Uraemia," "Weaknes: " etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Hacmorvulsions." causing death), 29 ds.; Bronchopneumonia stated nuless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid ic), "Atrophy," "Collapse," "Coma," "Con-"Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles The na-Meusles; (second-(disease (mercly not be

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspond—ence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH CIANS STATE OF MARYLAND CERTIFICATE PHYS. Registration Dist. No. EXACTLY. RECOR PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE ciass 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED, WIDOWED male OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended 0 6 DATE OF BIRTH e proj 75 (Day) 0 TAGE If LESS than may 10 back hrs. 1 day, C The CAUSE OF DEATH min.? OCCUPATION ppiled (a) Trade, professien, or particular kind of work 0 (b) General nature of Industry structi business, or establishment in UNFADING which employed (or employer) 9 SHRTHPLACE (State or country) Contributory Secondary C 2 10 NAME OF WITH C FATHER ould important I 11 BIRTHPLACE RENT OF FATHER *State the DIREARE CAUSING DRATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and 40) whether ACCIDENTAL, 0 12 MAIDER NAME SUICIDAL OF HOMICIDAL of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 13 BIRTHPLACE S OF MOTHER 5 10 (State or country) State,yre. Should state CAI CA Where was disease contracted, 14 THE ABOVE IS If not at place of death? usuai residence 20 UNDERTAK REGISTRAR

If more blanks are useded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

OF DEATH

ADDRESS

If death occurred in a hospital or institution,

give its NAME instead of street and number.]

Approved by U. S. Census and American Public Health Association.

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, engineer, Stationary fireman, etc. But in write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of Statement of Occupation-Precise statement of occupamany occupations a single word or term on the of various pursuits can be known. The question (a) Salesman, (b) (rocery: (a) Foreman, (b) Auto-Compositor, Architect, very important. For persons who have no occupation whatever The material worked on may form part so that the relative healthfultherefore an additional line At home. Care should be Locomotive engineer, (a) Spinner, (b) Cotton If retired from many cuses,

Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); causing deart (the primary affection with respect to time and causation), using always the same accepted unqualified. is indefinite); Tuberculosis of lungs, menin-Statement of Cause of Death-Name, first, the DISEASI (the only definite synonym is "Epidemic cerebrofor the same disease. Examples: Cerebrospinal

> ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of
> (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drouning: surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uruemia," "Weakness," "Tumor" for malignant neoplasms); Measles; Whoeping on Nemenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train—accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Anacmia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial or miscarriage as "Puerperal septichaemia," "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion, carbolic acid-probably State cause for which "Atrophy," "Col-("Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence; All the data is essential and must be obtained before If this eertificate is looked over thoroughly and all quo-

DEC 9

PLACE OF DEATH 11979	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 135
Village or City Plate & anatom (No. 2 FULL NAME Roy mades	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rale och Bace 5 SINGLE, MARRIED, Midness Wildowed OR DIVORCED (Write the word)	(Month) (Day), 1922 (Month) (Day), Year) 17 h. I HEREBY CERTIFY, That Lattended the deceased from
6 DATE OF BIRTH	Leps 1 100 / 13 100 2
march 6, 1888	that last saw ham alive on 3, , 192.7,
7 AGI (Month) (Day) (Year)	and that death occurred on the date stated above, at
yrsmosds.lormin.?	D D
8 OCCUPATION (a) Trade, profession or Juachinis of particular kind of work	O wemping Tubercube
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country mary land	Contributory Secondary
10 NAME OF Carolisa Ogner	(Signed) drederick Alsons
DI H BIRTUPLACE OF FATHER OSTATE OF COUNTRY MARY CANA 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Kelly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- tents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) any Cand	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, without if not at place of death?
(Informant) (A. Q. Sardner	Former or Collection, Recil for Mid
(Address) State Samptimile	Olkton Coul for Continom,
Filed 11/13/17/192 Registrar	20 UNDERTAKER ADDRESS A Sease Daw monte
	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never Toturn "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Furmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation- Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material But in many The ques-

Typhoid ferer (never report "Typhoid pneumenia") : spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemie cerebro-

> Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." quences ture of the injury, as fracture of skull, and couse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DUATITS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weaknes ." ctc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia vulsions," stated miles important. Example: Measles use of "Tumor" for malignant neoplasms); ages, perilonacum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; Chronic valvulur heart disease; (mame origin; "Caneer" is less definite; avoid (e. g., sepsis, tetanus) imay be stated under the "Debility" ("Congenital," or intercurrent) affection need not be (Recommendations on state-"Anaemia" Struck by railway Always qualify all "Senile," etc.), Committee on Mousles; (second-(disease (mercly

tions answered in detail, it will prevent further correspondence. ... It the data is essential and must be obtained before If this certificate is looked over thoroughly and all quesmust be obtained before

the certificate is permanently filed.



BINDING

FOR

RESERVED

MARGIN

S. No.

PLACE OF DEATH Frederick 11980	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lew London (No. 1)	Registration Dist. No. St.; Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME HURALS H. JOS	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hegro. Single, Sugle Willowed OR Divorced OR Divorced (Write the word)	(Month) (Day) (Year) 17 / I HEREBY CERTIFY, That thended the Accessed from
6 DATE OF BIRTH	Moreuly 20 1927 Moreula 23 1927
(Month) (Der) A Year)	that I last saw in alive on
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH At was as followed Marin Muss
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Gestro sulestices l'indestrone, (Duration) yra mos de
which employed or (employer) BIRTHPLACE (State or country) Manylanes	Contributory Secondary All Bustion Lyrs mos de
10 NAME OF Hacter Fossett.	(Singled) M.J. Dugher M.D.
11 BIRTHPLACE OF FATHER (State or country) Mary laud	*State the Disease Causing Denth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a Dannie E. Dorsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs. mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) / Netter Fassett,	Former or usual residence
(Address) Mt. airy MS R1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed hor NY 1922 & is M Layer	20 UNDERTAKER ADDRESS
If more blanks are needed address State Registrar	18 W Saratogs St. Ralto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

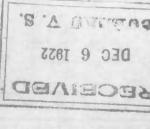
tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Oceupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-

Ease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles inges, peritonueum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicuemia," "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease vulsions," causing (secondary or intercurrent) affection used not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less defiulte; avoid ment of cause of death approved by Committee head of quences Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-Chronic interstitial nophritis, etc. Whooping cough; Chronic valvular heart discase; Nomenclature of the American Medical Association.) denth), 29 ds.; Bronchopncumonia "contributory." (e. g., scpsis, tetanus) may be stated under the the injury, as fracture of skull, and conse-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" Never report mere symptoms or terminal ("Cougenital," "Senile," etc.), Carcinonia, Sarcoma, etc., of (Recommendations on state-The contributory "Coma," Mensics; (disease (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is perminhently filed.



PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of sfreet and number. I classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF 3 5 E X 4 COLOR OR RACE stated MARRIED WIDOWED OR DIVORGER (Month) be properly certificate. should (Year) (Day) 7 AGE If LESS than of it may brs. back O The CAUSE OF DEATH * was as follows: mln.? d 00 supplied terms, so the (a) Trade, profession, or Suo particular kind of work General nature of Industry plain terms, See instructi business, or establishment in carefully which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF be 2 FATHER pino Important. information should AUSE OF DEATH PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE very OR RECENT RESIDENTS 13 BIRTHPLACE At place le the CAUS OF MOTHER (State or country) U3 State. state CA Where was disease confrocted, If not at place of death? D Former or Every item should sta usual residence 15 20 UNERTA m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting # S.

[Approved by U. S. Cenaus and American Public Realth
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used the duties of the household only (not paid Househocpers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single, -Caal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, Compositor, Architect, Locomolive engineer, For persons who have no occupation whatever very important, so that the relative healthfulvarious pursuits can be known. The question etc. The material worked on may form part If the occupation has been changed Women at home, who are engaged in word or term on the If retired from many (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, mening lever tune spinal meningitis"); Diphtheria (avoid use of "Croup"); causing Death (the primary affection with respect to Typhoid fence (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand for the same disease. Examples: mountain. eausation), Branchopneumonia using always the same accepted ("Pneumonia, pneumonia"); Cerebrospinal

> on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Heart failure," "Haemorrhage," "Inantion," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinama, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Nomenclature of the American Medical Association.) "Old Age," "Shock," "Uracruia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound as "Puerperal septichaemia," State cause for which Never report mere acid-probably ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondince. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

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Typhoid fever (uever report "Typhoid pnenmenia"); spinal memingitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees ture of the injury, as fracture of skull, and conse-Poisoned by carbotic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inauition." "Marasums," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant ueoplasms); Measles; Examples: Accidental drowning; Struck by railway taken. For VIOLENT DUATHS State MINANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticacmia." "PUERPERAL peritonitis," "Dropsy," "Exhaustich." "Heart failure." "Haemorvulsions." eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease "Auaemia" (merely The na-(secondnot be "Соп-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



S. No. 1.

PLACE OF DEATH WITHIN CORPORATE LIMIT	STATE OF MARYLAND
Frederick 11983	CERTIFICATE OF DEATH
County Creatives 11300	Registration Dist. No. 131:
Village a City Firederick (No. 22)	St; Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Daniel S. S	Hanshew steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Married WIDOWED OR DIVORCED	Month) (Day) (Year)
Moste (Write the word)	IT / I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jan, 29, 1917, to 1001, 18, 1925,
Moon 28, 1837. (Month) (Day) (Year)	and that death occurred on the date stated above, at #440 7m.
If LESS than	The CAUSE OF DEATH & was, as follows:
1 dayhrs.	Chronic Interstitual Methorite
8 OCCUPATION	
(a) Trade, profession or Conductor	
(b) General nature of industry business, or establishment in PP PP	(Duration) 5 yrs inos, de
business, or establishment in Which employed or (employer) To To, Co	Contributory Leftuse arterio Salarsa
9 BIRTHPLACE (State or country) Ho aryland	Secondary (Duration) 2 yrs. mos. da
10 NAME OF HOLDEN HOUSE	(Signed) M.D.
2 11 BIRTHPLACE	192 — (Address) Double on in deaths (From
BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a MAIDEN NAME OF MOTHER Catherine Stover	18 LENGTH OF RESIDENCE (For Haspitals, Institutions, Trans- lents, or Recent Residents)
18 BIRTHPIACE OF MOTHER (State or country) Mooreload	At place of death yrsmosda, State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mars Eleguar Hogushaus	Former or usual residence
(Informanty) 47. 7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Da Jefferdon St	Mot. Olivet Cery Nov 21, 1922
Filed 20 Mm, 1922 - na mcCint	20 UNDERTAKER ADDRESS
Rogistrar	Thomas P. Rice Frederick.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Or my my so	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. to report specifically the occupations of persons ca-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursnits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material cte., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., scpsis, tetanns) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal scpticacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary). 10 ds. Never report mere symptoms or terminal "Uraemla," "Weakhess," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustlen," "Heart failure," "Haemorcausing death), 29 ds.; Bronchopneumonia vulsions." stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senilc," etc.), .(Recommendations on state-(second-(merely

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such. If impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a defluite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal vulsions." causing denth), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be(name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-(second-(merely

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N. B.--Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IS A PERMANEN BINDING AINLY, WITH UNFADING INK---THIS FOR GGIN RESERVED WRITE

wi

PLACE OF DEATH WITHIN CORPORATE LIMITS	CERTIFICATE OF DEATH
County Frederick 11985	Registration Dist. No.
Vilvage of City Firedesich (No. 11 , S.	Bart
FULL NAME HERNY 6. 2	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mode Colored Single, Married Mossed Wildowsed (Write the word)	16 DATE OF DEATH Nov 23 , 1922 (Month) (Day) (Year) 17 L HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	that I last saw h ampalies on
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2.16.75m.
If LESS than	The CAUSE OF DEATH % was as follows:
5. OCCUPATION (a) Trade, profession or particular kind of work Day Caborer	Cuturo S clerosas
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 6 mos. ds.
(State or country) Masseland	Secondary (Duration) yrs mios hada
10 NAME OF FATHER Do not know	(Signed) 6.3. Brooks M.D. 1/-23 1927 (Address) Fress md
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 18 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the
(State or country) (9) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosda. State,yrsmosda. Where was disease contracted, if not at place of death?
(Informant) Mary Holland	Former or usual residence.
(Address) // St. Bents St	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL
Filed 4 Mr. 1922 hom Curdy Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the pise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequenecs (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Poisoned by curbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Inmor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial acphritis, etc. The contributory Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, men "Debility" ("Congenital," "Senile," etc.), Example: Mcasics (disease (merely

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D, Bounds

1 PLACE OF DEATH. STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF County 164 Registration Dist. No. Village or City4 olassified, Exact RECOR MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATIS SINGLE. 3 SEX 5 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED AMA stated PERMANENT BINDING OR DIVORCED (Month) properly certificate 17 HEREBY CERTIFY, That I attended deceased from pe DATE OF BIRTH should pe (Day) (Month) (Year) alive on 7 AGE 90 If LESS than it may and that death occurred on the date stated above, at m. Ш 1 day, hrs. back C The CAUSE OF DEATH # was as follows: HIS OR min. ? 4 that 20 (a) Trade, profession, or ed supplie s, so tl instructions NX particular kind of work b) General nature of Industry terms, tusinoss, or establishment in UNFADING (Ouralion) which employed (or employer) carefully 9 BIRTHPLACE Contributory See in Secondary (State or country) 10 NAME OF pe 2 FATHER WITH (Signed) pino important. I PARENTS 11 BIRTHPLACE OF FATHER sh d *State the DISEASE CAUGING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. (State or country) W Every item of Information should state CAUSE OF DOCCUPATION is very imp 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS BIRTHPLACE At place In the OF MOTHER (State or country) State. yrs. mos. yrs. mes. ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE if not at piece of death? Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL Address 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DEATH

(Day)

grown.

DATE OF BURIAL

ADDRESS

If death occurred in

(Year)

a hospital or institution. give its NAME instead of street and number.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tclanus) may be stated suicide. head-homicide; Paisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Auropuy, symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meastes; Whooping "Old Age," "Shock," "Uracinia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Dropsy." "Atrophy," "Exhaustion," ("Con-

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BINDING

FOR

BIN RESERVED

V. S. No. 1.

County Frederick Cut 1987	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lessonthin (No. 1) 2 FULL NAME Catherine & line	Registration Dist. No. St; Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH WY3mby 8, 192 2 (Month) (Day), 192 2
(Month) (Day) (Year)	that I lest eaw her elive on nov. 5 192 -
7 AGE If LESS than I dayhra. 8 OCCUPATION 8 OCCUPATION	The CAUSE OF DEATH % was ea follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duretion) yrs. mos. 8 ds.
10 NAME OF FATHER CACAL-PITtinger 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Daration) mos da (Signed) M.D M.D M.D
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) (Informant) (Informant)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address) Sewistown . Mrs. Filed Mar () 1927 H. A. Luck Registrar	Itica, Mid, Khr. 11, 1922. 20 UNDERTAKER ADDRESS Tilliste & Creage Thromosf My
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter-statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially ln industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. The insterial Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup!); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis (the only definite synonym is "Epidemie carcoro-("Pneumonia,"

> ment of eause of death approved by Committee on head of "eoutributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcasles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by earbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MICANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes ." ctc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory Whooping "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart discase; (R commendations on state-(second-

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

FOR

PLACE	OF	DEATH	
County Fr	ed.	erin	k
County UZ			

11988

(3)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/=

Village or City Frederick (No. 17 , Jes	St; Ward) (If denth occurred in a hospital or institu-
2 FULL NAME Struct 72	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Hest Single, Widoweb OR Divorced (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Trong 10 1922, to 200, 10, 1922
non 10 92	that I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
s OCCUPATION (a) Frade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIETHPLACE (State or country) 10 NAME OF FATHER January Plant (State or country) 11 HIRTHPLACE (State or country) 2 MAIDEN NAME	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. da. (Signed) M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 BIRTHPLACE OF MOTHER TO A ORIA MARIAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Atplace In the State, yrsmosda. State,yrsmosda.
(State or country)	Where was disease contracted.
(Informant) Requires Bessely	if not at place of death? Former or usual residence
Filed / My 1922 DO W. Rusdy Rogistrar	St. Johns Louis Row 1.0., 1922 20 UNDERTAKER ADDRESS Thomas P. Roice Forderick

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, definite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer. Lahorer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, without more precise specification as Day and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Noncenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerreral septicacnia." "Puerreral peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopnenmonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is Indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debillty" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcusles (disease "Anaemia" Meastes; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence—all the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a cn at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and worked on may form part of the second statement. (a) Foreman. (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient. e. g., Farmer or Planter, fulness of various parsuits can be known. The quesenpation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, cte. Wom-The material But in many therefore an

Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis") : Diphtheria (avoid use of "Croup") ; ed term for the same discase. Examples: Cercbrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept-EASE EAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemie ecrebro-

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by quences thre of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or flouicidal, State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained :: the caute. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemor-rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "E-haustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Poisoned by carbolic acid-probably suicide. taken. For violent phaties state means of injury vulsions." use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Surconau etc.. of (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease, (name origin; "Cancer" is less definite;, avoid unqualified, is indefinite); Tuberculosis of lungs, men-(e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile." etc.), (Recommendations on state-"Coma." , ommittee Meusles; (seeond-(disease (mereiy not be

the certificate is tions answered in detail, it will prevent further correspond If this certificate is looked over thoroughly and all ques All the da is essential and must be obtained before

EV.a. P. A. s resumments fied. GIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH 11990	STATE OF MARYLAND CERTIFICATE OF DEATH
County	74-a Registration Dist. No. 184
Village or City Four Pourls (No. , No. ,)	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- siead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markie While Single, Widowen Widowen OR DIVORCED OR DI	(Month) (Day) (Year)
6 DATE OF BIRTH	Mor. 14 1022 10 por 16 ,1022
Month) (Day), (Year) 7 AGE 51 yrs. 6 mos. 6 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work.	and that death occurred on the date stated above, at / 30 ft.m. The CAUSE OF DEATH it was as follows:
(b) General nature of industry business, or establishment in which employed or (employer). Mail Carrier 9 BIRTHPLACE (State or country) Warnload	Contributory Cuelcal Remarkage Secondary (Duration), Green mos. de.
11 HRTHPLACE OF FATHER (State or country) Marylows	(Signed) Caud M.D. MOV. 1. (Address)
12 MAIDEN NAME Lydia Clbel 13 BIRTHPLACE OF MOTHER	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos. da. ln the State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. da. State, yrs. mos. ds. Where was discase contracted, if not at place of death?
(Address) Sieuthury Mil	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL.
Filed No. 192 The Registrar Registrar	20 INDERTAKER W. Saratoga St., Balyo, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive cugincer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yi's.). For persons who have no occupation Housemaid, Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, without more precise specification as Day etc. If the occupation has been changed and children, not gainfully em-

Statement of Cause of Death—Name, first, the precase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epideuic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Mensles; unqualified, is indefinite); Tuberculosis of lungs, men conditions, such as "Asthenia," "Anaemia" inges, peritonacum, etc., Carcinoma, Sarcona, etc., of "Puerpenal septicaemia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inamition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart symptomatic). "Atrophy," "Collapse," "Coma." stated unless important. Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Uracmia," "Weakness." etc., when a definite disease vulsions," "Debility" (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association. Poisoned by carbolic acid-probably suicide. The na-Whooping cough; death), 29 ds.; Bronchopneumonia (e. g., sepsis, totanus) may be stated under the Accidental drowning; Struck by railway Chronic valvular heart discuse; ("Congenital," "Semile," etc.). (Recommendations on state-Example: Mcastcs failure." "Hacmor-Always qualify ,all The contributory (mercly (second-(disease etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at _____ 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. (State or country State ____ yrs. ___ mos. Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the Capplies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupation is very important, so that the relative healthfulcated thus: gainfully employed, as At school or At home. minc, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits cau be known. The question who have uo occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) rcturn "Laborer," As examples: For persons "Foreman," (6)

lesis of lunys, meninges, peritonacum, etc., pneumonia"); prospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia." "Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercufever (never report "Typhoid Examples: Cerebrospinat Carcin-

> mus," ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PLACE OF DEATH

Count	y Dashagle	11	33%	103)	CERTIFICATE (Registration D	Est F
Villag	e or City Trederice 2 FULL NAME Sheet	dore Tes	tu Z	logel	St;Ward)	[if death occorred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATIS	TICAL PARTICU	LARS	ME	DICAL CERTIFICATE	OF DEATH
3 SE)	rale white.	SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	ı	16 DATE OF DEAT	(Month)	(Day) (Year
6 0/1	TE OF BIRTH	(Day)	, 1922 (Year)	that I last saw !	, 1917, to V	10 13 ,192 v 22 ,197
7 AGI			If LESS than 1 day, hrs. OR min.?		DEATH * was as followed by	
yhi	General nature of industry lness, or establishment in ch employed (or employer) RTHPLACE (State or country) Journal Company	l		Contributory Secondary	(Buration)	Lucy 100
RENTS	10 NAME OF FATHER Jestis J 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Thoy		(Signed) State the CAUSES, State (SUICIDAL OF HOS	1817 (Address) Bu	r, in deaths from Violent (2) whether Accidental.
PA	OF MOTHER June Ma 13 BIRTHPLACE OF MOTHER (State or country)	y wil		18 LENGTH OF RES OR RECENT RESI Al place of desihyra Where was disease cont	moede. Ste	
	(laformant) Least &	TOF MY KNOWL	EDGE	Former er unual recidence	h ?	04 110 110 110 110 110 110 110 110 110 1
15 FII:	(Address) DSun	J. S. Hay	mel REGISTRAR	19 PLACE OF BUR 20 UNDERTAKER	ENERGYAL MA	ADDRESS

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, precise specification as Day laborer, Farm laborer, Laborer of the second statement. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer," etc., without more mobile factory. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") noqualified. is indefinite); Tuberculosis of lungs, menis-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association,) under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by to determine definitely. Examples: Accidental drawning, suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," lapse," "Coma," rent) affection need not be stated unless important "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. eough; Chronic valvular heart disease; Chronic intersettion "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" "PUERPERAL septichaemia," carbolic ocid--probably State cause Never report mere (Recommendations "Atrophy," "Exhaustion," ACCIDENTAL, for which mound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the bisease causing DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken tired 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cadefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Arocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments. It (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary premien, etc. But Physician, Compositor, Architect, Locomotive agincer the first line will be sufficient, e. g., Farmer of Planter, tion applies to each and every person, irreductive of cupation is very important, so that the relative health fulness of various pursuits can be known. The ques-Statement of Occupation- Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation -Coal mine, ctc. Womin many is neces-

Statement of Cause of Death—Name, first, the bismass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid pneumonia"); bebar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., scpsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; ture of the injury. Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," taken. For violent deaths state means of injury State cause "Purpernal sep'icaemia:""Purperal peritonitis," "Uracmia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," condition: such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unices important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mensles; ing., p ritonaeum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Thooping cough; "Debility" ("Congenital," "Senile," etc.), for which surgical operation was underas fracture of skull, and conse-Chronic valvular Example: Measles (disease "Anaemia" heart discuse; (second-(mcrely ed tor:

If this certificate is looked over thoroughly and all questions answered in cerall, it will prevent further correspondence. All the last is essential and must be obtained before the certificate is improved to the certificate is improved to the certificate is improved to the certificate is a constant.



7.

WITHIN CORPORATE LIMITS OF	CHATE OF MADVIAND
PLACE OF DEATH	STATE OF MARYLAND
. Frederick	CERTIFICATE OF DEATH
County	Registration Dist. No. /3/
falairle falail	Oto La R. XI.
Village or City (No, Cleaning (No, Cleaning)	Ward) (If death occurred in a hospital or institu-
-B. O. 27	tion, give its NAME in- stead of street and number.)
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
male Whates OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	mr. 24 1922, to hon 27, 1922,
nor; 24 1922	that I last saw h was alive on Nov. 27
(Month) (Day) (Year)	and that death occurred on the date stated above, at 3m.
7 AGE	The CAUSE OF DEATH % was as follows:
ds.or min. ?	
8 OCCUPATION C	4
(a) Trade, profession or Zeone	Tatent foramen Ovale
(b) General nature of industry	(Duration) yrs mos. # do.
business, or establishment in Zouce which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
ma	(Duration)yrsmos de.
10 NAME OF STATHER S	(Signed) Dollomas M. D.
o 11 BIRTHEY ACK	200, 27 192 2 (Address) Trederick, Mid.
FILE OF TANKEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Margaret Marales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER	At place In the
(State or country) /UO.	of death yrsmosda. State,yrsmosda. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Elizabeth Marsh	usual residence
Frederick And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	MT Clivet Caulany Mor 28, 1922
Fileda & nor. 1922 pro Milardy	20 UNDERTAKER ADDRESS
Registrar /	J.W. Obenderfe Dore Trederick mad
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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ge elle

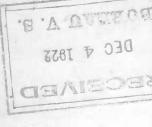
(Approved by U. S. ('ensus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact mey be indicated thus: Furmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the dutics of the whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursnits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on statement of cause of death approved by Committee on quences (e. g., scpsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide, Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS state MICANS OF INJURY State cause for which surgical operation was under-"Puerpenal septicaemia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "On-vulsions," "Debility" ("Congenital," "Senile," etc.), eonditions, such as "Asthenia," "Anaemia" ary). Wi ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia (secondstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Example: Weasles (disease terminal (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-Ence. All the data is essential and must be obtained before the certificate is permanently filed



PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH 1313 Registration Dist. No. It death accurred in St.:.... Ward) a hospital or institution, give its NAME Instead of street and number.] EXA MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL FARTICULARS SINGLE 16 DATE OF DEATH 3 SEX clas 4 COLOR OR RACE MARRIED, OR DIVORCED (Year) (Month) (Day) properly (Write the word) cortificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) It LESS than 7 AGE 10 may 1 day, hrs. CK U OR min. ? A 50 00 OCCUPATION supplied (a) Trade, profession, or ons patlicular kind of work (b) General nature of Industry instructi business, or establishment in (Question) termi which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) E Se 10 NAME OF FATHER. (Signed) C pino 11 BIRTHPLACE FNJ OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT SPA CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. EQ 12 MAIDEN NAME Œ information SAUSE OF D OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS 13 BIRTHPLACE in the At place OF MOTHER of death Stats, yrs. mos. ds.yrs.mos. 55 Where was disease contracted. Z O If not at place of death? PATIO! Former or usual residence 19 DATE OF BURIAL Should 15 ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, write None Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer the duties of the household only (not paid Housekeepers of the second statement. Never mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, business or industry, and therefore an additional line engincer, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever very important, so that the relative healthful-Stotionary fireman, etc. But in many cases, The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Care should be Locomotive engineer, return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Nume, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJUNY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates birth or niscarriage as "Puerperal septichaemīa," "Puerperal perilonitis," etc. State cause for which mus, etc., when a definite disease can be ascertained as the calise. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercureough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Tunior" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness, by rollway train-accident; Revolver Always qualify all diseases resulting from child-"Senile," etc.), "Convulsions," "Debility" ("Con-"Dropsy," Never report mere "Atrophy," "Col-"Exhaustion," wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.—Affile data is essential and must be obtained before the certificale is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Frederi Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, HEREBY CERTIFY. That I attended the deceased from (Month) - (Day) and that deeth occurred on the date stated above, at J. 7 AGE If LESS than The CAUSE OF DEATH & was es follows: I day hre. vre.....ds. or ... min. ? plain terr 8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary TA (State or country) Duration)yrs.mos. very Should S OF DE ш 10 NAME OF FATHER 11 BIRTHPLACE W 2 ENT *State the Disease Causing Death, or, in deaths from C 00 OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether AUG (State or country Accidental, Suicidal or Homicidal. 00 12 MAIDEN NAME Od 4 state c 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent L'esidents) At place of death Inthe ... yrs. .. mos.da. 0 (State or country Where was disease contracted, if not at place of death?... shor CIANS showstand If more blanks are needed, address State Registrar, 16 W. Saratoga St., Ball

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tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cuployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary); may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stutionary firemen, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

Typhoid fever (never report "Typhoid pneumenia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same acceptfero- (the only definite synonym is "Epidemic cerebro Task causing beath (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-

> head of "contributory." (Recommendations on statement of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or train—accident; Revolver wound of head—homicide; State cause for which surgical operation was under-"Puerperal scoticaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.: Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunuor" for malignant neoplasms); (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; For VIOLENT DEATHS STATE MEANS OF INJURY ("Cougenital," "Senile," etc.), Example: Meastes Mousics; (second-(disease (mercly not be

Cence. All the data is essential and must be obtained before rethe certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 112 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) be stated proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX SINGLE. 99 may be MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Year) BINDING Write the word) 17 HEREBY CERTIFY, That I Attended the deceased from 6 DATE OF BIRTH that instructions (Month) (Day) and that death occurred on the date stated above, at 80 7 AGE If LESS than The CAUSE OF DEATH A I day hrs. terms mos.....ds. or min. ? 800 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work... plai (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country 0 NAME OF FATHER AUSE TION 11 BIRTHEPACE ENT OF FATHER the Disease Causing Death, or, in death's from (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. œ d 12 MATDEN NAMI 0 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state lents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs.mos......da. State, yrs. mos. (State or country should Where was disease contracted, if not at place of death?..... of KNOWLEDGE statement BURIAL OR REMOVAL TATE OF BURIAL ADDRESS If more blanks ard needed, address State Registrar, 16 W. Saratoga St., Baltod

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken er," etc., tired 6 yrs.). Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. should be used only when needed. sary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-As examples: (a) The material in many the

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaties state means of injury State cause for which surgical operation was under "PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions." symptomatie), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; -accident; Revolver wound of head-homicide; .. (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Chronic valvular heart disease; (Recommendations on state-"Anaemia" Struck by railway "Coma," (second-(disease (merely

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PLACE OF DEATH County Trederick 11998	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /37
Village or City Maddelouse (No	St; Ward) (If death occurred in
2 FULL NAME LONGE R. H	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, White the word) 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 162
1. 5 010	192 V., to 112 V., 192 V.
(Month) (Day) (Yenr)	and that death occurred on the date stated above, at
7 AGE If LESS than I dayhrs. mos. 24.7 ds. ormin.?	The CAUSE OF DEATH is was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Trastini Skul- Spiel, Jaw
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory Secondary
10 NAME OF Charles Mundord	(Signed) Puration yrs mos da
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER UMA Bille	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) MANY CAUSE	At place of death yrs mos da. State, yrs mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Mymford	usual residence
(Address) Middlelown My.	Middlewan 115, 1,1922
Filed May 5 1927 a G Kaurs Registrar	C. T. Hadbill Middleton
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U.S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None, tired 6 yrs.). or given up on account of the disease causino death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary foremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. The natrain-accident; Revolver around of head-homicide; as probably such, if impossible to determine definitely and qualify as Aecidental, Suicidal, or Homicidal, or Examples: Accidental drowning; Struck by railroay taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknes:" cta., when a definite disease rhage," "Juanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debility" Never report mere symptoms or terminal Chronic valvular heart ("Congenital," "Scnile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Always qualify all "Coma," "Con-Meastes; discase; (merely (disease (second-

If this certificate is looked over thoroughly and all questions answered in de'ail, it will prevent further correspondence with the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Frederick 11999 Village or City Paint of Rockes. 2 FULL NAME 2 ms. fetus	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov-21, 152 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Nov-21 1922 to NOV-22 - ,1922
7 AGE 2 ms, fetus If LESS than dayhrs. dayhrs.	that I last saw h alive on
8 OCCUPATION (a) Trade, profession or	
particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Moule Calward Oder II BIRTHPLACE OF FATHER (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) A Hayer Brown M.D. M.D. M.D. *State the Disease Cauring Death, or, in deaths from
12 MAIDEN NAME OF MOTHER Julea Barbara Weknight 13 BIRTHPLACE OF MOTHER (State or country) And.	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- Lents, or Recent Residents) At place of death yrs. mosda. In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Paint of Rocks Filed Nov 25 1922 R. Watterin Joap mellm2 Registrar	Ponto A 2 MD Sending Sending 19 20 UNDERTAKER ADDRESS AND A COMMENTAL OF BURIAL PONTO A COMMENTAL OF BURIAL ADDRESS AND COMMENTAL OF BURIAL ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

. (a) Foreman, (b) Automobile factory. The material tired 6 yrs.). For persons who have no occupation business, that fuct may be indicated thus: Farmer (redefinite salary), may be entered as Housewife, House whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." ment of cause of death approved by Committee on quences (e. g., scpsis, tctanus) may be stated under the Nomenelature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL seplicaemic," PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Bahaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or stated unless important. vulsious," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Rreommendations on state-Example: Measles (disease The contributory Measles; (merely terminal (second-

If this certificate is 15 ked over thoroughly and all questions answered in de ail, it will prevent further correspondence. All the data 's essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied AGE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD IS A PERMAN WITH UNFADING INK---THIS LAINLY, WRIT

BINDING

FOR

ARGIN RESERVED

S No. 1.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
12000	Registration Dist, No. 1312
Village or City Last of City (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR BACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Movember 15 Th, 1922
Gan 6 1867 (Month) (Day) (Year)	and that death occurred on the date stated above, at 7050, m.
8 OCCUPATION (a) Trade, profession or Arma Learn 14	The CAUSE OF DEATH & was no follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIETHPLACE (State or country)	Contributory Secondary
10 NAME OF John W. Dixon	(Signed) De (Address) The Ches Ch. M.D.
UI BIRTHPLACE OF FATKER (State or country) For d 2 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Ellan Ora 13 BIRTHPLACE OF MOTHER (State or country) For denich co	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) (Address) Fred #R 2, RFD	19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL MI OCULE 17, 19.2.
Filed 6 Vrom 1920 Hoffmany Register	6. E. Cline Fred mu
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

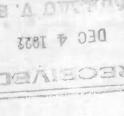
tired 6 yrs.). For persons who have no occupation Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never refurn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in hydratrial employments, it is necessary to know (a) the kind of work and also (b) the age. For many occupations a single would or term on Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of eupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material fulness of various parsuits can be known. Statement of Occupation-Precise statement of oc etc." without more precise specification as The ques

Statement of Canse of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

30 Bonne

ment of eause of death approved by Committee on quences (e.g., scpsis, tetanus) mny be stated under the Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely, rhage," "Inunition." "Marastuus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma." ary). 10 ds. Never report mere symptoms or terminal Poisoned by carholic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained at the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," eonditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopncumonia stated unless important. - Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and couse-"Debility" · ("Congenital," "Senile." ete.), (Racommendations on state-(seeond-(merely "Conete.

If this certificate is looked over thoroughly and all questions any need in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANE BINDING SI FOR H UNFADING INK---THIS MARGIN RESERVED WRITE No. 02

C	PLACE OF DEATH, ounty Frederick 12001	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 5
Villa	2 FULL NAME Charles & Seis	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	ATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, MAULE WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yenr) 17 I HEREBY CERTIFY, That I attended the deceased from Och / O. 192 Z, to M.W. 2 4, 192 2
•	200/2 23, 1834	that I last saw handlive on Man 2 4, 1922
7 AG	(Month) (Day) (Year) If LESS than I dayhrs. Organia or min. ?	The CAUSE OF DEATH & was as follows:
(a p: (b	OCUPATION Trade, profession or Shoemaker of General nature of industry	noplailis
	usiness, or establishment in hich employed or (employer)	(Duration) / yrsmosds.
9 131	(State or country) Fred. Co.	Contributory Secondary (Duration)yrsmosde.
	16 NAME OF Casher Pleifer	(Signed) Sept M. Variable M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER CLAYA SASSMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
14 PP	11 BIRTHPLACE OF MOTHER (State or country) HI ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place of death yrsmosda. In the State,yrsmosda. Where was disease contracted,
	(Informant)	Former or usual residence
15	(Address) Bus feittsville Ind,	union bornet Bu nov. 27, 1922
F	iled how 2 C1922 III Masser	Le Rolle Bukitsville
	If more blanks are needed, address State Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Womstate occupation at beginning of illness. If retired from Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. whatever, write None. Housemaid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Meastes; quences (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcaslcs Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely "Puerperal septicacmia," "Puerperal portionitis," "Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor-Nomenclature of the American Medical Association.) head of "contributory." Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; State cause vulsions," (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Never report mere symptoms or terminal for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-"Anaemia" Struck by railway "Coma," (second-(disease (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



8. No. 3.

Z

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
ounty	Registration Dist. No.
7 1 126(2	Clf death ecourred in
Village or City (No ,	s hospital or institution,
L. James	give its NAME Instead of street and number.]
2 FULL NAME SECUS TO THE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED,	16 DATE OF DEATH NOW. 20
Male white WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Inly 9 . 922	, 191, to , 191,
(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGE If LESS Ihan	and that death occurred on the date stated above, atm.
trs 4 mas // ds OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	7 9 9 9
(a) Trade, profession, or particular kind of work	Tratable (h . 18 2 mm (2)
(b) General nature of Industry	Vrobably Chivils 410 (1)
business, or establishment in which employed (or employer)	(Duration) yre. mos. ds.
9 BIRTHPLACE	Contributory
(State or country)	
10 NAME OF TO TO	Can Non
Les o Osynocas	Ada & Be word had
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Drath, or, in deaths from Violent
(State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	CAURES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER NAME OF MOTHER NAME 13 MAIDEN NAME OF MOTHER NAME OF MOT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of dooth yre moe, de. Stote, yre mee, de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not al place of death?
(informant) Munice m Reynolds	Former er weuet residence
Re with Mel'	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dunawith Ma	Semble many mod Wor 2/ 1022
15 / 11 / / / / / / / / / / / / / / / /	20 UNDERTAKER ADDRESS
Flied lev SI 192 ald & Holle	Affrict your Bunswicking
of paper blanks are medied, address State Registrar,	

[Approved by U. S. Census and American Public Health
Association.]

Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, mobile Jactory. husiness, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH taken to report specifically employed, as At school or At home Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiness of various pursuits can be known. The question applies to each and every person, irrespective tion is very important, so that the relative healthful--Caal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in the occupations of persons Locomolive engineer, If retired from (b) Auta-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nonienclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drouning: suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "PUERPERAL perilonilis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Branrent) affection need not be stated unless important symptoms or terminal conditions, such as "Asthenia, chopneumonia eough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of... Anaemia" by railway train-accident; Revalver wound "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intereur-Poisoned by carbalic "Dropsy," "Exhaustion, "Uracmia," "Weakness, State cause for which FOR VIOLENT DEATHS Never report mere "Atrophy," acid -probably ("Con-

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further corresponds ence. All the data is assential and must be obtained before the certificate is perspanently flied.

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PLACE OF D	EATH				STATE OF	MARYLAND
County /	18mg	14 19	0663		CERTIFICATE	OF DEATH
Observation of the second	1	-1 - 14	otit, "	(90)		127
X	1 -	1			Registratio	n Dist. No.
Village or City	berlyp	acci(No.	,		St.; Ward)	a nospine of mentuned.
² FULL N	AME Yas	mes	HE	ery &	oberts	give its HAME instead of street and number.]
PERSONAL	AND STATISTIC	CAL PARTICU	LARS	// M	EDICAL CERTIFICA	TE OF DEATH
Male 1	2020	MARRIED, 91. WIDOWED OR DIVORCED (Write the word)	idown	16 DATE OF DEA	(Mo	
BATE OF BIRTH				17 I HERI	EBY CERTIFY, That	l attended deceased from
	0	20	1046	June	G, 102-2, to	10V. 3 ,19P.7-
	(Month)	(Day)	(Year)	that I last saw	hamalive on	ov. 3 , 1912?
TAGE			If LESS than	and that death	occurred on the day	to stated above, at 7.2 m.
76	yrs. 9 me	s. 13 ds.	or min.?	The CAUSE OF	DEATH * was as fo	ollows:
8 DECUPATION	00	,		4/20	4	10-00-00-00-00-00-00-00-00-00-00-00-00-0
(a) Trade, profession, or particular kind of work	Shore	wake	~	Frans	wish	2 San San Carlotte Land
(b) Coneral nature of in-	iustry			augra		To the state of th
business, or establishme which employed (or empl	ent in				(Burst)	on) Mafrel James mos do:
9 HIRTHPLACE (State or country)	md,			Contributor Secondary	y	
10 NAME OF	mues.	A Roll	est.	(Signed)	r. Beall	en) pri mos de
11 BIRTHPLACE	m	d			, 1912 (Address) Ac	bertytown
11 BIRTHPLACE OF FATHER (State of cour		0-0		*State the CAUSES, State SUICIDAL OF H	(I) MEANS OF INJURY:	n, or, in deaths from Violent and (2) whether Accidental,
OF MOTHER	Colina	bethe la	roken			ALS. INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or sour	atry)	mal		OR RECENT RES		a libe State,yremasda.
14 THE ABOVE IS TRU	E TO THE BEST	F MY KNOWLE	DGE	Where were disease or	etracted,	
(Informent) 7/12	o, Hatte	e go	use	Fermer or usual residence	P(N 4	
Address	ebeste	Morve	Ind	19 PLACE OF BU	HIAL OF REMOVAL	DATE OF BURIAL
15				Lebar	lylowy	nov. 6 ,1072
Flow Nov. 4	1002 7/2	Cufcu	an	20 UNDERTAKE	R	ADDRESS
	, 194-stransportunipensibles	/	REGISTRAR	allaus	Howell	Fibrily low
Λ	If more blanks are	moded. address 8	tate Registrer.	S W. Saratoga St.,	Balto., Requesting V. S. 1	₹o. 1

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa--Coal mine, etc. many occupations a single word or various pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in If retired from term on the

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synonym is "neumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, monumonia, Bronchopneumonia of lungs, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent Deaths "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... or miscarriage as "Puempenal septicharmia." "Senile," etc.), "Dropsy," carbolic acid-probably State cause for which "Atrophy," "Exhaustion," ACCIDENTAL, important. ("Con-

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," otc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it eupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway and qualify as Accidental, suicidal, or Thomicidal, or "PUERPERAL seplicaertia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); Measles; ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu." "Heart failure." "Haemoreausing death), 29 ds.; Bronchopncumonia inges, perilonacum, etc., Carvinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DUATIES STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Example: Measles "Апаетіа" (disease (second-(merely

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Registration Dist. No.

If death occurred to a hospital or Institution, give its NAME instead of street and number. I

MEDICAL CERTIFICATE OF DEATH (Day) (Month) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. Contributory *State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CATISES, State (1) MEANS OF INJURY; and (2) whether Accidental SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the State, _____yrs. ____mes.yrs.mes. Where was disease confracted. If set at place of death ?. 19 PLACE OF BURIAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

'[Approved by U. S. Cenaus and American Public Health
Association.]

or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Loroman," "Manager," "Dealer," etc., without more mill; (a) Salosman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary, to cian, Compositor, Architect, Lacomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CATSING DEATH (the prinary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid favor never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculostis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably suicidal, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perionitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discuse causing death), 29 de.; Bronrent) affection need not be stated unless important eough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal septialmemia," The contributory (secondary or intercur "Atrophy," "Col-ACCIDENTAL

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at hour, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner; (h) Cotton mill; (a) Salesman, (b) Grocery; household only (not paid Housekeepers who receive a worked on may form part of the second statement. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. (a) Foreman. (b) Automobile factory. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe ete., For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). For persons who have no occupation without more precise specification as Day As examples: (a) If retired from The material But in many

Lobar pncumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); O tipe and expection) light always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the pis-

> Nomenclature of the American Medical Association.) ment of eause of death approved by Committee head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide, Examples: Accidental drowning; Struck by vailway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septieuemia." "Puerperal peritonitis," symptomatic), "Atrophy," "Collapse," "Conaa." conditions, such as "Asthenia," ary), 10 ds. stated unless important. Poisoned by carbolic acid—probably suicide. The na-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," ctc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemor. vulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valeular heart disease; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal Example: Mcasles "Anaemia" (second-(merely (disease

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-. All the data is essential and must be obtained before

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V. S. No. 1.

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	1 PLACE OF DEATH	CHIEFE OF THE PROPERTY OF THE
	PLACE OF DEATH	STATE OF MARYLAND
Ceun	rech	CERTIFICATE OF DEATH
000	2 . 12607	Registration Dist. No.
Villag	e or City (No	St; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	ale White (Wiste the word)	(Month) (Day) (Year) 17 / I BEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH Location (Month) (Day) , 1846 (Year)	that I last saw h alive on 20 17 , 1923
7 AG	F 76 yrs. 8 mas 2 ds. or min.?	and that death occurred on the date stated above, at
bus (a	OUPATION) Trade, protession, or Retried Grouk Hand ticular kind of work. Retried Grouk Hand journal nature of industry incess, or establishment in the employed (or employer) RTHPLACE (State or country)	(Dutellon) Tra. tos. da. Contributory Secondary
PARENTS	10 NAME OF FATHER COMAN Shaper 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME,	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother Justin (urbrien) 13 BIRTHPLACE OF MOTHER (State or country) ME ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) Mrs Fillie Kanvolle (Address) Burswick MS	Former er useel residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	de les 18. 1914 di de Delpes	Knufntle Mel Mil 1982. 20 UNDERTAKER ADDRESS CHARTY Your Brunswick mod
	Je more blanks are meded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia," Pneumonia, Bronchopnsumonia of lungs, moningialified. is indefinite); Tuberculosis of lungs, moningia.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent dearns "Puerpenal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), chopneumonia (secondary), 10 ds. birth or miscarriage as CRuse. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere "Atrophy," acid-probably ("Con-

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S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	county Frederich 121,68	CERTIFICATE OF DEATH
		(90) Registration Dist. No.
Vill	age or City her, nor 4; (No.	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2 FULL NAME Vernon A. Sny	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	nal 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH (Month) (Day) (Year)	1000000
7 A		and that death occurred on the date stated above, at 10.30m. The CAUSE OF DEATH it was as follows: Heart Disease
7/0	CCUPATION a) Trade, profession or articular kind of work	(Duration) Muknown, de. Contributory
	(State or country) Maryland 10 NAME OF William J. Snydy.	(Signed) (Duration) yrs. mos. da.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sarah A Plusing	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
<u>-</u>	18 BIRTHPLACE OF MOTHER (State or country) Maryland	:ents, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted
14 %	(Informant) MAS: "IM ME S. Snyder	if not at place of death?
15	(Address) M. Larry Md. Filed Nov 27, 192 2 0 m Hegistrar. At more blanks are needed, address State Registrar.	10 PLACE OF BURIAL OR REMOVAL Live Level Co Mov 29, 19,22 20 UNDERTAKER Mo Dournan From Mary Mary 18 W Sarrioge St. Balto Requesting V S. No. 1

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Deatil, gaged in domestie service for wages, as Scrvant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Housemaid, etc. ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Labbier," "Foreman,"-"Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcaman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter-statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtherla (avoid use of "Croup"); Lobar pncumonia, Bronchopneumonia ("Pneumonia," ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS-

unqualified is indefinite); Tuberculosis of lungs, men-

ment of cause of death approved by Committee on quences (e. Ed sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by farbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicoemie." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. inges, portionecum etc., Carcinoma, Sarcoma, etc., of "Dropsy," "H-haustion," "Heart failure." "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; (secondary or intercurrent) affection need not be .. (nume origit; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," (Recommendations on state-Example: Measles "Anaemia" Struck by railway "Coma," (disease (merely (second-"Con-

If this certificate is noticed over thoroughly and all questions answered in death, it will prevent further correspondence. The data is described and must be obtained before the certificate is permanently filed.

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BINDING

REVISED UNITED CERTIFICATE OF DEATH STATES STANDARD

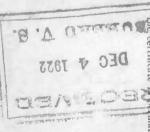
(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never Teturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsnits can be known. cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Sorvant, Cook household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Forchian, (b) Automobile factory. The material Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and ehildren, not gainfully emwithout more precise specification as Day -Coal minc, etc. Wom-The ques-

Typhoid fever (never report "Typhoid pneumonia"); spinal meuingitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopneumonia Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic ecrebro ("Pneumonia,"

> ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Meastes; diseases resulting from childbirth or misearriage as symptomatic), "Atrophy," "Collapse," "Coma," eonditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopncumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerpenal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," "Debility" (seeondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Nomenclature of the American Medical Association.) .. (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Cougenital," "Seuile," etc.), (Recommendations on state-Example: Measles Always qualify all (disease (merely

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesc. All the data is essential and certificate is permanently filed. is essential and must be obtained before



WITHIN CORPORATE LIMITS OF 1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF 2.02 Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. I classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Li SINGLE, MARRIED, 4 COLOR OF RACE 19122 WIDOWED (Month) (Year) OR DIVORCED properly certificate REBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH should (Day) pe 40 7 AGE If LESS than and that death occurred on the date stated above, at a. Q. may EN EN 1 day. ars. The CAUSE OF DEATH * was as follows: min. ? OR that 8 OCCUPATION supplied (a) Trade, profession, or instructions particular kind of work 03 (II) General nature of Industry terms, business, or establishment in (Ouration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) See be = pino important. EATH 11 BIRTHPLACE ARENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME Information SAUSE OF D OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER State,yrs,mos.ds. 10 of deathyrs.mos.ds. (State or country) should state CAR Where was disease contracted. 14 THE ABOVE IS If not at place of death?... Former or usual residence 15 REGISTRAR of more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Realth
Association.]

or given up on account of the disease causing death, write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first live will be sufficient, e. g., Farmer or Planter, Physiengineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever various pursuits can be known. The question Stationary fireman, etc. etc. The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," meningitismostic is indefinite); Tuberculostic of lungs, meningitismostic is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPENAL perilonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from childgenital," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopncumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound "Senile," etc.), (merely symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," as "Puerperal septichaemia," "Dropsy," State cause for which "Debility" "Exhaustion," report mere ("Con-

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S. No.

N. B

County Traderick 12011 Registration Dist. No. Ward St.: Ward Dist. No. PERSONAL AND STATISTICAL PARTICULARS JEX COLOR OR RACE 5 SINGLE WIDOWED WIDOWED (Wests the word) BATE OF BIRTH REGISTRATE OF DEATH REgistration Dist. No. Manual St.: Ward a hospital or instituted stead of instituted stead of instituted stead of instituted stead of a firest and number. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HERREN CERTIFY. That I attended the descreed from No. 1 3 192 2. The CAUSE OF BEATH (I was as follows: 18 OCCUPATION 19 OCCUPATION 19 OCCUPATION 10 OCCUPATION 10 OCCUPATION 11 INFRIPTIACE 12 NATIFIES 13 INFRIPTIACE 14 DATE OF DEATH 14 DATE OF DEATH 15 DIRECTIFICATE OF DEATH 16 DATE OF DEATH 17 I HERREN CERTIFY. That I attended the descreed from No. 1 3 192 2. The CAUSE OF DEATH (I was as a follows: 10 OCCUPATION 11 INFRIPTIACE 12 NATIFIES 13 INFRIPTIACE 14 DATE OF DEATH 14 DATE OF DEATH 15 DIRECTIFICATE 16 DATE OF DEATH 16 DATE OF DEATH 17 I HERREN CERTIFY. That I attended the descreed from No. 1 192 2. The CAUSE OF DEATH (I was as a follows: 18 OCCUPATION 19 OCCUPATION	PLACE OF DEATH	STATE OF MARYLAND
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Month (Day) (Year) 17 AGE Month (Day) (Year)	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARA	16 DATE OF DEATH NOV 13 - 1003
THE ABOVE IS CRITED THE BY OF MY KNOWLEDGE (Address) IT I HERBY CERTIFY, That I attended the deceased from Now 1822 to Now 1322 to Now 1322, that I last saw h.V., slive on Mov. 1922, and that death occurred on the date stated above, at 2. R. m. The CAUSE OF DEATH & was as follows: (B) Centralion (a) Trade, profession or particular kind of work of the profession of th	WIDOWED	(Month) (Day) (Year)
that I last saw hev. alive on Mov. 132.7. AGE If LESS than day		
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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretrospinol fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by earbolic acid-probably suicide. The natrain-aecident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated uuless important. Example: Mcasles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; .. (name origin; "Caucer" is less definite; avoid "Debility" ("Congenital," "Scnile," etc.), The contributory (second-(disease

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M. I.	WRITE INLY, WIT	Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH ty	120:12	3	STATE OF I	
Village	or City Near a Sayu. 2 FULL NAME fin-ram		Lee borna	St.; Ward) (If death occurred in a hospital or institu-
F	PERSONAL AND STATISTICAL PARTICU	JLARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORC	ED vord)	16 DATE OF DEAT	(Month)	(Day), 192 (Year)
8 OCCU (a) Tr partic (b) G	(Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day)	If LESS than I dayhrs.	that I last saw h	alive on	, 192, ed above, atm
9 BIRT	n employed or (employer)		Contributory Secondary	(Duration)	
0 11 N 12	NAME OF CALLES J. Shu BIRTHPLACE OF FATHER (State or country) MAIDEN NAME	Me	(Signed)	(Address)	mos. de. M. D. M. D. h, or, in deaths from jury; and (2) whether
-	BIRTHPLACE OF MOTHER (State or country) ABOVE 1S TRUE TO THE BEST OF MY EN	OWLEDGE	lents, or Recent Re At place of death yrs m Where was disease contra if not at place of death?	osda. In the	te,yrsmosda.
15	(Address)		no bocke	AL OR REMOVAL	CATE OF BURIAL
Filed	1 /N / 1922 /CL2/6	Registrar	20 UNDERTAKER		ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10.09

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked, on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oe For many occupations a single word or term on without more precise specification as Lay If the occupation has been changed

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebraspinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-Jan Bone

couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Coneausing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congcnital," "Senile," etc.), (Recommendations on state-Example: Measles (disease heart (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Co	PLACE OF DEATH WITHIN CORPORATE LIM	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
₹NJ.	2 FULL NAME Charles Ho. Se	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Sale White Single, Married Willoweb Or Divorceb (Write the word)	16 DATE OF DEATH NOV 15, 1622 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D.	ATE OF BIRTH	Nov 15 1922, to Nov 15 , 1922
	(Month) (Day) (Year)	and that death occurred on the date stated above, at 6.807 m.
7 AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
3 (a	OCUPATION Trade, profession or Farmer	Won Sof (accidental)
e bi	b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrsmosds,
	(State or country) Maanuland	Contributory Secondary Durktion)yre
	10 NAME OF Egra Seemmens	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
RENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
AA	OF MOTHER Many Polmer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Maryeland	At place of death yrs. mos. mos. dal's State 40.yrs. 3 mos. dal
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the state of death?
di ang	(Informant Hors Meinnie Summers	Former or usual residence P. F. D. Ballenger Desct
	(Address Ft. D. Ballinger Disst	Mot Olivet Com Nov 18, 1922
15 I	Filed (7- Non 1922 dry Registrar	20 UNDERTAKER ADDRESS
-		16 W. Saratoga St., Balto., Requesting V. S. No. 1

7 19

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Screant, Cook ployed, as At school or At home. Care should be taken whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only; (not paid Housekeepers who receive a engat home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the klnd of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc etc., without more precise specification as Day or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicacmia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uracmia," "Weakness." etc., when a definite disease rhage." "Inaultion." "Marasmus," "Old Agc." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondstated nuless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Example: Measles The na-(discase (merely

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1 PLACE OF DEATH

G	ounty Treper -1 12014	CERTIFICATE OF DEATH
Ä	71	Registration Dist. No. 137
V	illage or City (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	Mala While Single, woowed, word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH HOW 2 7th, 19Red (Month) (Day (Year)
6	DATE OF BIRTH Myul- 23rd, 1845 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1922 to Nov. 274, 1982 that I last saw him alive on Nov. 264, 1922
7	77 yrs 3 mos 4 ds OR min.?	and that death occurred on the date stated above, at 15 Am, The CAUSE OF DEATH* was as follows:
3 ((a) Trade, profession, or Retired Pariller particular kind of work Retired Pariller b) General nature of industry,	The proof of the p
30	usiness, or establishment in which employed (or employer)	(Duration) yrs mos \(\square\) ds.
9 ((State or country) Mary Rand	Contributory Secondary
	10 NAME OF FATHER William Swaduer	(Signed) Jas. Co. Sappunglor, M. D.
1-	11 BIRTHPLACE OF FATHER (State or country) Many Land	not 28, 1982 (Address) Sibulgiain ned
AREN	12 MAIDEN NAME OF MOTHER C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or country) May Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos, ds. State yrs mos, ds
14	(Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
16	(Address). L'Isruly Com	Leberte low nor 29 10124
F	Hed Nov 18, 1992 MA Centres	20 INDERTAKER POWY Lebelledow
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercy lesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite discase can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... mia," "Puerperal poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1922

FFFMIA	PLACE OF DEATH	STATE OF MARYLAND
Count	Frederick 12015	GO CERTIFICATE OF DEATH /3/
Villag	e or City Fresherch (No. 23 Long	M Canal St.; Ward) St.; Ward) I [If death eccurred in a hespital er institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR OIVORCED (Write the world)	16 OATE OF OEATH (Month) (Day) (Year)
6 OAT	E OF BIRTH	17 / I HEREBY CERTIFY, That I attended deceased from
7 AGI	(Month) (Day) (Year) If LESS than	that I last saw h w alive on B - 1000 1000 1000 2 and that death occurred on the date stated above at 5 a m.
	7/yrs. / 2 mos. /8 ds. or min.?	The CAUSE OF DEATH * was as follows:
parl	Trade, profession, or Calorer Icular kind of work General nature of industry	Willad Kear
bus' whice	ness, or establishment in Common Labor RTHPLACE (State or country) Z	(Burstlen) yrs. mee ds. Contributory Secondary
	10 NAME OF FATHER Jacob Warner Swoh	(Signed Loft & Cludy M. E.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State of Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PAR	12 MAIDEN NAME Jellie Flagary 13 BIRTHPLACE	SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Manyland	At place in the of death
	Interment the Charlevole	If not at piece of death?
	(Address 23 Louth Carpel Treoler of My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, write None state occupation at beginning of illness. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronehopneumonia ("Pneumonia," naqualified. is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by earbolie acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates "PUERPENAL peritonitis," etc. State cause for which birth or miscarriage as mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Scnile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of (banne origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the "Ileart failure," "Hacmorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, ctc. cough; Chronic valvular heart disease; Chronic interstitial Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL schiehaemia, "Dropsy," Never report mere "Exhaustion, ("Con-

trade certificate is looked over thoroughly and all queetions abswered in detail, it will prevent further correspondence. An the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1922

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PLACE OF DEATH	CEDITIES AT DE DEATH
County Firederick 12016	Registration Dist. No. / 3/4
Village of City Frederich (No. 202, E.	Flourth St.; 4 Ward) (If douth occurred in a hospitul or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED HOAVIELD WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov 25 , 192.2 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	that I last saw h and alive on
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	apretz
business, or establishment in which employed or (employer)	Contributory (Duration) yrs mos ds
10 NAME OF FATHER Seffenson Taylor 11 BIRTHPLACE OF FATHER (State or country) Moaryland 12 MAIDEN NAME OF MOTHER	(Signed) 6. S B M. D //- V 192 (Address) 5. M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (1)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrsmosda. State,yrsmosde
(Informant) Wilson H. Taylor	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 202: E, Frouth St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Johns. Bem. Novel 7, 1922 20 UNBERTAKER ADDRESS
Registrar Alf more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken to report specifically the occupations of persons cuwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive cugineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal scoticaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anacmia" (merely "Dropsy," "Exhaustion." "Heart failure," "Haemorrulsions." "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "furnor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on state-Example: Meastes (disease

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N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATM in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANER BINDING WITH UNFADING INK---THIS FOR RGIN RESERVED MINLY, WRITE S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
The derack 12111	CERTIFICATE OF DEATH
County Alate In a torning	Registration Dist. No. 135
Village or City (No,	St.; Ward) (If death occurred in a hospital or Institu-
Congry of	tion, give its NAME instead of street and number.)
² FULL NAME	namber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I stended the deceased from
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Rebruary 16, 18795	that I last saw h alive on lov 23, 1922,
(Month) (Day) (Yohr) 7 AGE	and that death occurred on the date stated above, at
27 7 I dayhrs.	The CAUSE OF DEATH & was as follows:
/yrs/ds.lormin.?	from mary factorials
(a) Trade, profession or particular kind of work	o monday Smoonas
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mary Land	Secondary (Duration)
10 NAME OF Michael Cogan	(Signed) medericles and min
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of MOTHER Connie Burns	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
OF MOTREE Mary Cand (State or country)	At place of death yrs. 51 and In the 2 yrs. 9 mos. 7 da.
14 THE ABOVE AS PRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, with one if not at place of death?
(Informant)	Former or 20/8 Dreamount the, Out
(Address) Tate Tayafgrum/42	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	20 UNDERTAKER ADDRESS
Filed Filed Registrar	Jax Greager Taurmon,
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISMASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day whatever, write Nonc. tired 6 yers.). For persons who have no occupation to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is nees-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective eupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Plantar, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the pissesse causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury. as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and quality as accidental, sticipal, or monitoral, of taken. For VIOLENT DEATHS STATE MEANS OF INJURY State eause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained at the cause. "Uraemia," "Weaknes ." etc., when a definite disease rhage," "Hamition" "Marasmus," "Old Age." "Shock" "Dropsy," "Exhaustian," "Heart failure." symptomatic), "Atrophy," "Collapse," "Coma," eonditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia, (seeondstated unless important. use of "Tumor" for malignant neoplasms); Mcustes; vulsions." Chronic interstitial acpliritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; (e. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Sepile," etc.),
"Exhaustion," "Heart failure." "Haemor-(Recommendations on state-Example: Monsles (disease "Anacmia" Struck by railway Always, qualify all 3 The na: (merely not be "Con-

If this certificate is taked over thoroughly and all questions answered in deval, it will prevent further correspondence. All the data it is said and must be obtained before the certificate is perhanently flicit.



r PLACE OF DEATH 12(118) County Tocal County Village or City Health (No	STATE OF MARYLAN CERTIFICATE OF DEA Registration Dist. No. /s St.; Ward) [If d a hospi give lis of street
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX! 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Da 17 HEREBY CERTIFY, That attended de
(Month) (Day) (Year) 7 AGE If LESS than 1 day, 2 hrs. OR min.?	that I last saw halive on and that death occurred on the date stated above the CAUSE OF DEATH * was as follows:
particular kind of work (t) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) ### Academic Country ###################################	Contributory Secondary (Burellee)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WASHINGTON 13 MAIDEN NAME OF MOTHER WASHINGTON 14 MAIDEN NAME OF MOTHER WASHINGTON 15 MAIDEN NAME OF MOTHER WASHINGTON 16 MAIDEN NAME OF MOTHER WASHINGTON 17 MAIDEN NAME OF MOTHER WASHINGTON 18 MAIDEN NAME OF MOTHER WASHINGTON 19 MAIDEN NAME OF MOTHER WASHINGTON 10 MANE OF FATHER WASHINGTON 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18 MAIDE	(Signed) 1 2 1912 (Address) Jacket *State the DISEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURY; and (2) whether SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS) At place is that of deoth
(Address) Fiseduck Md 15 Filed Nun 3, 1882 G. Officeducksu	19 PLACE OF BURIAL OR REMOVAL DATE OF HOLLOW DUD 20 UNDERTAKED ADDRESS FIRST FREE ADDRESS FIRST

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 136

-Ward)	[If death occurred in a hospital or institution,
	give its NAME Instead

······································	2	cor		.197-2
	(Month)	(Day)	(Year)
17 I HEREBY CER	TIFY, Th	11	ded deces	sed from
	I S A CO	//		18136.54
that I last saw h	alive on		-2	, 19R. 7
and that death occurre	d on the	date state	d above. a	tm.
The CAUSE OF DEATH				
1		N //		-1
Jane	~ E	celu	2-2	
>8 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************			()
************************************				····
	/0	uration)	Man and	100. da.
***************************************		urs (10tt)	yran	100ds.
Contributory Secondary				1-000000000000000000000000000000000000
Deconical y		Fred Rail	1	
		urotion)	yrs m	es ds.
(Signed) O O	20	011		, M. O.
11-2	(411)	Lack.	-ela	MICA
11-2, 1912-2			1 . 11 . 1	V
*State the DISEASE (CAUSES, State (1) MEAN	8 of Injur	r; and (2)	whether Acc	VIOLENT IDENTAL,
SUICIDAL OF HOMICIDAL				
18 LENGTH OF RESIDENCE	E FOR HOS	PITALS, INS	TITUTIONS, T	TRANSPENTS,
OR RECENT RESIDENTS		le tha		
of death yrs. mes.	ds.		yra.	mos ds.
Whora was disease contracted,				
If not all place of death?				****************
Former or				
19 PLACE OF BURIAL OR	REMOVAL	D	ATE OF BUI	RIAL
160011	N	(2/101	4 -

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. er given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc.. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Poreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, meninjever Typhoid fever (never report "Typhoid spinal meningitis"); Diphtheria (avoid use of "Croup"); term causing death (the primary affection with respect to Lobar time and causation), Statement of Cause of Beath-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrofor the same disease. pneumonia, Bronchopneumonia ("Pneumonia, using always the same accepted Examples: pneumonia"); Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. mus," Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which "Anaenia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" birth or miscarriage as "Puerperal septichaemia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hagnorrhage," "Inanition," "Marascough; Chronic valvular heart disease; Chronic interstitial cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary), 10 ds. Never report mere The contributory (secondary or intercurg., scpsis, tctanus) may be stated "Atrophy," "Col-("Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state OAUSE OF CEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. ECORD A PERMANEN RGIN RESERVED FOR BINDING S WITH UNFADING INK---THIS

E .

PLACE OF DEATH Fig. (s. a) (1911)	STATE OF MARYLAND CERTIFICATE OF DEATH
County J/ Cacrue)	89-0 Registration Dist. No. 1315
Bra-ldsoff	
Village or City W. (No	St; Ward) (If death occurred in a lospital or institution, give its NAME in-
2 FULL NAME Th Elma L Wil	ES stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Mit & Single Wildowed OR Divorced (Write the word)	16 DATE OF DEATH // 2-0, 162 (Month) (Day) (Year) 17 THEREBY CERTIFY, That Lattended the deceased from
6 DATE OF BIRTH Janux E 2 1922	that I inst saw by alive on 20, 1922
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 12-10-17
B OCCUPATION I dayhrs. I dayhrs. min. ?	Aprila Befida
(a) Trade, profession or particular kind of work	the le clean
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmesds.
9 BIRTHPLACE (State or country) Frederick	Contributory Secondary LiBurstion)
10 NAME OF Clar ENCE Wiles	(Signed) July Tagger M.D.
11 BIRTHPLACE OF FATHER (State or country) Fraderick 6 2 MAIDEN NAME OF MOTHER 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a Tlarner Myss	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) InEderick 60	At place of death yrs mos da. In the State, yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) States Control (Address) Frederick City	19 PLACE OF BURIAL OR REMOVAL D. TE OF BURIAL Maiddle Tory 2014 1922
Filed 21 Nov. 1922 ham Curdy	20 UNDERTAISER ADDRESS Middle Tow

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

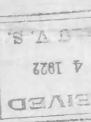
(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborercr, etc., Never return "Labover," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthreport specifically the occupations of persons en-Statement of Occupation-Precise statement of oc-Or For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted torm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely Nomenciature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or Examples: Accidental drowning; Struck by railreay "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undercan be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia "Uraemia," "Weakness," etc., when a definite disease vulsious," stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Seuile," etc.). Never report mere symptoms or terminal Chronic valvulur heart disease; (Recommendations on state-Example: Measles Always qualify all failure." "Hacmor-The na-(merely (disease (second-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.



V. S.

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PLACE OF DEATH County Frederick 12020	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 13/2
Village of Git Harmony Grown ,, 2 FULL NAME Bertha E. O.	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored 5 SINGLE, MARRIED Married Wildowell OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & alive on
If LESS than I dayhrs.	and that death occurred on the date stated above, at 10 d. 7.7 m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. House Wife (b) General nature of industry business, or establishment in	no fruther in formation. Cw & B.
which employed or (employer) BIRTHPLACE (State or country) Virginia	Contributory Contributory (2) Secondary (2) (A (()(Duration)) yrs. mg/s. de
10 NAME OF FATHER Alexander Barnes, 11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER GOENTEEtta Mclore 13 BIRTHPLACE OF MOTHER (State or country) Circuit (1)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos da. State, yrs mos de
(Informant) Howard Williams	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Harmony Grove	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEXT Pleasant Ben Nav. 19., 1922 20 UNDERTAKER ADDRESS
Regulater Regulater A If more blanks are needed, address State Registrar,	Thomas P. There Frederich. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealer," etc.. worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

spinal meningitis"); Diphtheria (avoid use of "Croup") Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemie cerebro ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the pre-

> ment of cause of death approved by Committee quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and consetrain—aecident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or Poisoned by carbolic acid—probably suicide. taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-(merely "Con-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Firederick . 12(12)	CERTIFICATE OF DEATH 30
Village or City Plate Sianal	Registration Dist. No.
² FULL NAME Ena Prin	Reconstitution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SFX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day), (Year) I HEREBY CERTIFY, That I attended the deceased from
debruary 15' 1899	that I last saw her alive on hor 1, 192 2,
7 AGI: (Month) (Day) (Year)	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work.	Pulmonary Taberculos
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF LENSTY Prilsler	(Signed) Mederila Manatoring a
OF FATHER (State or country frank and 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER China allman 13 BIRTHPLACE OF MOTHER (State or country) Austria	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos. day
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Sumon on if not at place of death? Former of 19 8 Heath H Balls he usual residence.
(Address) State Sapatorine	Daltinore hed Interior
Filed Nov (1 192 Alleley Registrar	20 UNDERTAKER A. L. Greager Thurmon &
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the dnties of the er," etc., Never return "Laborer;" "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation therefore an

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopncumonia Nomenclature of the American Medical Association.) ment of cause of death approved by ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes: " te, when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mcusles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-(secondary or interenrent) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite) ; Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; "Debility" ("Congonital," "Senile," etc.), (Recommendations on state-"Collapse," affection need "Anacmia" "Coma," Committee (second-(disease (mercly not be

If this certificate is lo-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING

RGIN RESERVED FOR

No. 1.

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PLACE OF DEATH Medericle 19099	STATE OF MARYLAND CERTIFICATE OF DEATH
County Hate Sanda	Registration Dist. No. 139
Village or City (No. , (No. , 2 FULL NAME)	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale Slide SINGLE, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Rowerber /5, 192 2 (Month) (Day), 192 2
6 DATE OF BIRTH (Mopth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1922, to 1922, that Wast saw hereafter on 1922,
7 AGE. If LESS than dayhrs. dayhrs. ds. ormin.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Cand	Contributory Secondary Duration Duration A
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) Mederice I getsine M. D. AND 15 192 2 (Address) Into Sanatoring
(State or country) www nown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Culmonn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place 2 25. In the 2. 6 //.
OF MOTHER (State or country) The Denomination of the THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. da State, yrs. mos. da. Where was disease contracted with the former or former or from the first that the first the first that the first
(Address) (Addre	19 PLACE OF BURIAL OR REMOVAT (TE) OF HURIAL SOUNDERVAKER (ADDRESS
Registrar If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Bequesting V. S. No. 1

(Approved by U. S. Censns and American Public Health Association.)

worked on may form part of the second statement. ... (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only, (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., should be used only when needed. As examples: (a) work, Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day in many

Statement of Cause of Death—Name, first, the pis-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." quences (e. g., sepsis, telanus) may be stated under the as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on thre of the lujury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; and qualify as Accidental, Suicidal, or Homicidal, of taken. For violent deariis state means of injury "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," eausing death), 29 ds.; Bronchopncumonia State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvnlsions." ary), 10 ds. Never report mere symptoms or terminal stated nuless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; inges, peritonaum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasles "Anaemia" Struck by railway Mcustes; Тре па-(second-(disease (morely

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BINDING

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MAR

1 PLACE OF DEATH

PLACE OF DEATH County Francisco (2)	STATE OF MARYLAND CERTIFICATE OF DEATH	
12(123)	Registration Dist. No. 15.3	
Village or City Walker (No. (No. + ann	St; Ward) [If death eccurred to a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jernale White Single, Widowed OR Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
Mort. (Month) (Day) (Year)	that I last saw h	
7 AGE if LESS than 1-day, / hrs. OR made ?	and that death occurred on the date stated above, at 2.20 m. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession. or particular kind of work (b) General nature of industry business, or establishment in which empinyed (or employer) EIRTHPLACE (State or country) Manuland	(Suration) yra mos. / d	
10 NAME OF FATHER Clayforne M. Zunimumos 11 BIRTHFLACE OF FATHER (State or equiptry) Maryland 12 Maiden NAME	(Signed) O. M. (Burellon) yrs. mos. d (Signed) O. M. (Address) Malanami Sh (*State the Dispasse Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Stilledal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Many Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs	
(Informati) Mer. Ce. St. J.	if not at piece of death?	
Fled 1/18 1922 14, 4, Putman REGISTRAR	Mi Clivit Prederick MA 1/20, 100 2 20 UNDERTAKER ADDRESS Fredericky 16 W. Saratoga St., Balto, Requesting V. S. No. 1	

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Forner (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Seruant, Cook. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer taken to report specifically sinployed, as At school or "Foroman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in the occupations of persons At home. Care should be Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Indian pneumonia, indefinite); Tuberculosis of lungs, menis-

on Nomenclature of the American Medical Association on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide, to determine definitely. Examples: Accidental drowning state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths Struck by railway train—accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peri-onitis," ctc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvulur heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as Always qualify all diseases resulting from child The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-Poisoned "PUERPERAL sephichaemia," by carbolic acid-probably "Uracmia," "Weakness, State cause for which Never report mere (Recommendations punon

that certificate is looked over thoroughly and all quastions maybeed in detail, it will prevent further correspond-pence. All life deals is essential and must be obtained before the certificate appearaneously filed.

